

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.

1 Filer ID (Ethics Commission Filers)

2 Total pages filed:

3 CANDIDATE /  
OFFICEHOLDER  
NAME

MS / MRS / MR

FIRST

MI

MS.

NABILA

NICKNAME

LAST

SUFFIX

MANSOOR

OFFICE USE ONLY

Date Received

RECEIVED

JUL 15 2019

Office of City Secretary  
City of Sugar Land, TX

@12:34 p.m. JH

Date Hand-delivered or Date Postmarked

E-mailed

Receipt #

Amount \$

Date Processed

Date Imaged

4 CANDIDATE /  
OFFICEHOLDER  
MAILING  
ADDRESS

ADDRESS / PO BOX;

APT / SUITE #;

CITY;

STATE;

ZIP CODE

☐ Change of Address

5 CANDIDATE/  
OFFICEHOLDER  
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

6 CAMPAIGN  
TREASURER  
NAME

MS / MRS / MR

FIRST

MI

MR.

AFAQ

J.

NICKNAME

LAST

SUFFIX

"AJ"

DURRANI

7 CAMPAIGN  
TREASURER  
ADDRESS

(Residence or Business)

STREET ADDRESS (NO PO BOX PLEASE);

APT / SUITE #;

CITY;

STATE;

ZIP CODE

8 CAMPAIGN  
TREASURER  
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

9 REPORT TYPE

☐ January 15

☐ 30th day before election

☐ Runoff

☐ 15th day after campaign  
treasurer appointment  
(Officeholder Only)

☒ July 15

☐ 8th day before election

☐ Exceeded \$500 limit

☐ Final Report (Attach C/OH - FR)

10 PERIOD  
COVERED

Month

Day

Year

05 / 30 / 2019

THROUGH

Month

Day

Year

07 / 15 / 2019

11 ELECTION

ELECTION DATE

Month

Day

Year

06 / 08 / 2019

ELECTION TYPE

☐ Primary

☒ Runoff

☐ Other  
Description

☐ General

☐ Special

12 OFFICE

OFFICE HELD (if any)

13 OFFICE SOUGHT (if known)

SUGAR LAND CITY COUNCIL  
DISTRICT 2

GO TO PAGE 2

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 2

14 C/OH NAME

15 Filer ID (Ethics Commission Filers)

16 NOTICE FROM  
POLITICAL  
COMMITTEE(S)

THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.

COMMITTEE TYPE

COMMITTEE NAME

☐ GENERAL

☐ SPECIFIC

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

☐ Additional Pages

17 CONTRIBUTION  
TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$

2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$

1,850.00

EXPENDITURE  
TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED

\$

4. TOTAL POLITICAL EXPENDITURES

\$

21,834.46

CONTRIBUTION  
BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD

\$

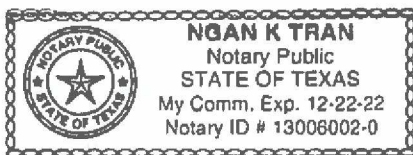
1,995.92

OUTSTANDING  
LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

\$

18 AFFIDAVIT



I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said of Nabila Manzoor, this the 07/15/19 day of 15th July 19, to certify which, witness my hand and seal of office.

Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oath

# SUBTOTALS - C/OH

FORM C/OH  
COVER SHEET PG 3

19 FILER NAME

20 Filer ID (Ethics Commission Filers)

21 SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1. <input type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 1,850.00
2. <input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3. <input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4. <input type="checkbox"/> SCHEDULE E: LOANS	\$
5. <input type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$21,834.46
6. <input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7. <input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8. <input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9. <input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
10. <input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11. <input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12. <input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

Nabila Mansoor

3 Filer ID (Ethics Commission Filers)

4 Date

6/19/19

5 Full name of contributor

Rish Oberoi

☐ out-of-state PAC (ID#)

7 Amount of contribution (\$)

\$250.00

6 Contributor address:

City: State: Zip Code

8 Principal occupation / Job title (See Instructions)

Development Director

9 Employer (See Instructions)

Ekal Vidyalaya Foundation USA

Date

6/8/19

Full name of contributor

Fadi Hant

☐ out-of-state PAC (ID#)

Amount of contribution (\$)

\$100.00

Contributor address:

City: State: Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

6/2/19

Full name of contributor

Lubna Naeem

☐ out-of-state PAC (ID#)

Amount of contribution (\$)

\$50.00

Contributor address:

City: State: Zip Code

Principal occupation / Job title (See Instructions)

Physician

Employer (See Instructions)

Self

Date

5/3/19

Full name of contributor

Sohail Noor

☐ out-of-state PAC (ID#)

Amount of contribution (\$)

\$250.00

Contributor address:

City: State: Zip Code

Principal occupation / Job title (See Instructions)

Doctor

Employer (See Instructions)

Memorial Hermann

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.



# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

Nabila Mansoor

3 Filer ID (Ethics Commission Filers)

4 Date

5/31/19

5 Full name of contributor

☐ out-of-state PAC (ID#:

Abdul Rehman

7 Amount of contribution (\$)

\$200.00

6 Contributor address:

City: State: Zip Code

8 Principal occupation / Job title (See Instructions)

OWNER, AUTO REPAIR SHOP

9 Employer (See Instructions)

SELF

Date

5/30/19

Full name of contributor

☐ out-of-state PAC (ID#:

Saleha Khumawala

Amount of contribution (\$)

\$250.00

Contributor address:

City: State: Zip Code

Principal occupation / Job title (See Instructions)

UNIVERSITY PROFESSOR

Employer (See Instructions)

UNIV. OF HOUSTON

Date

5/30/19

Full name of contributor

☐ out-of-state PAC (ID#:

Elizabeth Wolff

Amount of contribution (\$)

\$100.00

Contributor address:

City: State: Zip Code

Principal occupation / Job title (See Instructions)

Asked for info

Employer (See Instructions)

Date

5/30/19

Full name of contributor

☐ out-of-state PAC (ID#:

Fatma Khan

Amount of contribution (\$)

\$50

Contributor address:

City: State: Zip Code

Principal occupation / Job title (See Instructions)

Veterinarian

Employer (See Instructions)

Self

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

Nabila Mansoor

3 Filer ID (Ethics Commission Filers)

4 Date

5/30/19

5 Full name of contributor

Don Bankston

☐ out-of-state PAC (ID#:

7 Amount of contribution (\$)

\$500.00

6 Contributor address:

City: State: Zip Code

8 Principal occupation / Job title (See Instructions)

Attorney

9 Employer (See Instructions)

Self.

Date

6/5/19

Full name of contributor

Shahadat Bhuiyan

☐ out-of-state PAC (ID#:

Amount of contribution (\$)

\$100

Contributor address:

City: State: Zip Code

Principal occupation / Job title (See Instructions)

Self

Employer (See Instructions)

Self

Date

Full name of contributor

☐ out-of-state PAC (ID#:

Amount of contribution (\$)

Contributor address:

City: State: Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

☐ out-of-state PAC (ID#:

Amount of contribution (\$)

Contributor address:

City: State: Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED  
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense  
Accounting/Banking  
Consulting Expense

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel In District  
Travel Out Of District  
Other (enter a category not listed above)

Contributions/Donations Made By  
Candidate/Officeholder/Political Committee  
Credit Card Payment

The instruction Guide explains how to complete this form.

1 Total pages Schedule F1: <i>Page 1 of 9</i>		2 FILER NAME <i>Nabila Mansoor</i>		3 Filer ID (Ethics Commission Filers)	
4 Date <i>5/30/19</i>		5 Payee name <i>Madiha Hanif - Intergrowth Creative</i>			
6 Amount (\$) <i>\$350</i>		7 Payee address; City: State: Zip Code <div style="background-color: black; height: 40px; width: 100%;"></div>			
8 PURPOSE OF EXPENDITURE		<i>Consulting Expense</i>		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date <i>6/1/19</i>		Payee name <i>Omid Amanullah</i>			
Amount (\$) <i>\$165</i>		Payee address; City: State: Zip Code <div style="background-color: black; height: 40px; width: 100%;"></div>			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) <i>contract labor</i>		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date <i>6/5/19</i>		Payee name <i>Chism Strategies</i>			
Amount (\$) <i>\$3000</i>		Payee address; City: State: Zip Code <div style="background-color: black; height: 40px; width: 100%;"></div>			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) <i>Consulting Expense</i>		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

## EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/Donations Made By  
Candidate/Officeholder/Political Committee  
Credit Card Payment

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel In District  
Travel Out Of District  
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Page 2 of 9		2 FILER NAME Nabila Mangoor		3 Filer ID (Ethics Commission Filers)	
4 Date 6/5/19		5 Payee name Foundation Blue Media			
6 Amount (\$) \$500.00		7 Payee address: City: State: Zip Code [REDACTED]			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Advertising Expense		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 6/6/19		Payee name A Media			
Amount (\$) \$200		Payee address: City: State: Zip Code [REDACTED]			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Event Expense		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 6/6/19		Payee name Richmond Printing			
Amount (\$) \$173.69		Payee address: City: State: Zip Code [REDACTED]			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Printing Expense		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED



# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

## EXPENDITURE CATEGORIES FOR BOX 6(a)

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/Donations Made By  
Candidate/Officeholder/Political Committee  
Credit Card Payment

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel In District  
Travel Out Of District  
Other (enter a category not listed above)

The instruction Guide explains how to complete this form.

1 Total pages Schedule F1:

Page 3 of 9

2 FILER NAME

3 Filer ID (Ethics Commission Filers)

4 Date

6/8/19

5 Payee name

Chai Shai Restaurant

6 Amount (\$)

\$300.00

7 Payee address:

City: State: Zip Code

8

PURPOSE  
OF  
EXPENDITURE

(a) Category (See Categories listed at the top of this schedule)

Food Expense

(b) Description

- ☐ Check if travel outside of Texas. Complete Schedule T.  
☐ Check if Austin, TX, officeholder living expense

9 Complete ONLY if direct  
expenditure to benefit C/OH

Candidate / Officeholder name

Office sought

Office held

Date

6/8/19

Payee name

Paradigm Development Services

Amount (\$)

\$780.00

Payee address:

City: State: Zip Code

PURPOSE  
OF  
EXPENDITURE

Category (See Categories listed at the top of this schedule)

Consulting Expense

Description

- ☐ Check if travel outside of Texas. Complete Schedule T.  
☐ Check if Austin, TX, officeholder living expense

Complete ONLY if direct  
expenditure to benefit C/OH

Candidate / Officeholder name

Office sought

Office held

Date

6/8/19

Payee name

Aisha Jalali

Amount (\$)

157.00

Payee address:

City: State: Zip Code

PURPOSE  
OF  
EXPENDITURE

Category (See Categories listed at the top of this schedule)

Food Expense

Description

- ☐ Check if travel outside of Texas. Complete Schedule T.  
☐ Check if Austin, TX, officeholder living expense

Complete ONLY if direct  
expenditure to benefit C/OH

Candidate / Officeholder name

Office sought

Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/Donations Made By  
Candidate/Officeholder/Political Committee  
Credit Card Payment

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel In District  
Travel Out Of District  
Other (enter a category not listed above)

The instruction Guide explains how to complete this form.

<b>1 Total pages Schedule F1:</b> Page 4 of 9		<b>2 FILER NAME</b>		<b>3 Filer ID (Ethics Commission Filers)</b>	
<b>4 Date</b> 6/9/19		<b>5 Payee name</b> Nicholas Santiago			
<b>6 Amount (\$)</b> \$230		<b>7 Payee address; City: State: Zip Code</b> <div style="background-color: black; height: 40px; width: 100%;"></div>			
<b>8 PURPOSE OF EXPENDITURE</b>		<b>(a) Category (See Categories listed at the top of this schedule)</b> Contract Labor		<b>(b) Description</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>9 Complete ONLY if direct expenditure to benefit C/OH</b>					
<b>Date</b> 6/12/19		<b>Payee name</b> Chrism Strategies			
<b>Amount (\$)</b> \$1500		<b>Payee address; City: State: Zip Code</b> <div style="background-color: black; height: 40px; width: 100%;"></div>			
<b>PURPOSE OF EXPENDITURE</b>		<b>Category (See Categories listed at the top of this schedule)</b> Consulting Expenses		<b>Description</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>Complete ONLY if direct expenditure to benefit C/OH</b>					
<b>Date</b> 6/12/19		<b>Payee name</b> Sangre Radio			
<b>Amount (\$)</b> \$500		<b>Payee address; City: State: Zip Code</b> <div style="background-color: black; height: 40px; width: 100%;"></div>			
<b>PURPOSE OF EXPENDITURE</b>		<b>Category (See Categories listed at the top of this schedule)</b> Advertising Expense		<b>Description</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>Complete ONLY if direct expenditure to benefit C/OH</b>					
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b>					

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/Donations Made By  
Candidate/Officeholder/Political Committee  
Credit Card Payment

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel In District  
Travel Out Of District  
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:

Page 5 of 9

2 FILER NAME

3 Filer ID (Ethics Commission Filer)

4 Date

6/12/19

5 Payee name

TEC

6 Amount (\$)

\$500

7 Payee address: City: State: Zip Code

[REDACTED]

8

PURPOSE  
OF  
EXPENDITURE

(a) Category (See Categories listed at the top of this schedule)

Fees

(b) Description

- ☐ Check if travel outside of Texas. Complete Schedule T.  
☐ Check if Austin, TX, officeholder living expense

9 Complete ONLY if direct  
expenditure to benefit C/OH

Candidate / Officeholder name

Office sought

Office held

Date

6/13/19

Payee name

Adenakachi Akuehie

Amount (\$)

\$90

Payee address: City: State: Zip Code

[REDACTED]

PURPOSE  
OF  
EXPENDITURE

Category (See Categories listed at the top of this schedule)

Contract Labor

Description

- ☐ Check if travel outside of Texas. Complete Schedule T.  
☐ Check if Austin, TX, officeholder living expense

Complete ONLY if direct  
expenditure to benefit C/OH

Candidate / Officeholder name

Office sought

Office held

Date

6/13/19

Payee name

Tochi Dedeibe

Amount (\$)

\$450

Payee address: City: State: Zip Code

[REDACTED]

PURPOSE  
OF  
EXPENDITURE

Category (See Categories listed at the top of this schedule)

Contract Labor

Description

- ☐ Check if travel outside of Texas. Complete Schedule T.  
☐ Check if Austin, TX, officeholder living expense

Complete ONLY if direct  
expenditure to benefit C/OH

Candidate / Officeholder name

Office sought

Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

## EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/Donations Made By  
Candidate/Officeholder/Political Committee  
Credit Card Payment

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel In District  
Travel Out Of District  
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: <i>Page 6 of 9</i>		2 FILER NAME		3 Filer ID (Ethics Commission Filers)	
4 Date <i>6/13/19</i>		5 Payee name <i>David Logan</i>			
6 Amount (\$) <i>\$470</i>		7 Payee address; City; State; Zip Code <div style="background-color: black; width: 100%; height: 40px;"></div>			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) <i>Contract Labor</i>		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought      Office held	
Date <i>6/13/19</i>		Payee name <i>Oluwadamilola Adenote</i>			
Amount (\$) <i>\$470</i>		Payee address; City; State; Zip Code <div style="background-color: black; width: 100%; height: 40px;"></div>			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) <i>Contract Labor</i>		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought      Office held	
Date <i>6/27/19</i>		Payee name <i>Maharajah Restaurant</i>			
Amount (\$) <i>\$750</i>		Payee address; City; State; Zip Code <div style="background-color: black; width: 100%; height: 40px;"></div>			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) <i>Food Expense</i>		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought      Office held	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED



# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/Donations Made By  
Candidate/Officeholder/Political Committee  
Credit Card Payment

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel In District  
Travel Out Of District  
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: <i>Page 7 of 9</i>		2 FILER NAME <i>Nabila Mansoor</i>		3 Filer ID (Ethics Commission Filers)	
4 Date <i>6/12/19</i>		5 Payee name <i>Sulman Yousof</i>			
6 Amount (\$) <i>\$525.00</i>		7 Payee address; City: State; Zip Code <div style="background-color: black; width: 100%; height: 40px;"></div>			
8 <b>PURPOSE OF EXPENDITURE</b>		(a) Category (See Categories listed at the top of this schedule) <i>Advertising Expense - Social Media</i>		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <i>reimbursement for Facebook, Inc.</i>	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date <i>6/12/19</i>		Payee name <i>Sulman Yousof</i>			
Amount (\$) <i>\$1700.00</i>		Payee address; City: State; Zip Code <div style="background-color: black; width: 100%; height: 40px;"></div>			
<b>PURPOSE OF EXPENDITURE</b>		Category (See Categories listed at the top of this schedule) <i>Advertising Expense for Radio</i>		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <i>reimbursement for Hum Radio</i>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date <i>6/12/19</i>		Payee name <i>Sulman Yousof</i>			
Amount (\$) <i>\$3,866.69</i>		Payee address; City: State; Zip Code <div style="background-color: black; width: 100%; height: 40px;"></div>			
<b>PURPOSE OF EXPENDITURE</b>		Category (See Categories listed at the top of this schedule) <i>Advertising Expense - Mailer</i>		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <i>reimbursement for Richmond Printing</i>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/Donations Made By  
Candidate/Officeholder/Political Committee  
Credit Card Payment

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel In District  
Travel Out Of District  
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: <i>Page 8 of 9</i>		2 FILER NAME <i>Nabila Mansoor</i>		3 Filer ID (Ethics Commission Filers)	
4 Date <i>6/12/19</i>		5 Payee name <i>Sulman Yousof</i>			
6 Amount (\$) <i>\$2,072.94</i>		7 Payee address; City; State; Zip Code <div style="background-color: black; width: 100%; height: 30px;"></div>			
8 <b>PURPOSE OF EXPENDITURE</b>		(a) Category (See Categories listed at the top of this schedule) <i>Advertising Expense Social media</i>		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <i>reimbursement for Facebook, Inc.</i>	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought      Office held	
Date <i>6/12/19</i>		Payee name <i>Sulman Yousof</i>			
Amount (\$) <i>\$350.00</i>		Payee address; City; State; Zip Code <div style="background-color: black; width: 100%; height: 30px;"></div>			
<b>PURPOSE OF EXPENDITURE</b>		Category (See Categories listed at the top of this schedule) <i>Advertising Expense</i>		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <i>reimbursement to N6P VAN INC.</i>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought      Office held	
Date <i>6/12/19</i>		Payee name <i>Sulman Yousof</i>			
Amount (\$) <i>\$2,250.00</i>		Payee address; City; State; Zip Code <div style="background-color: black; width: 100%; height: 30px;"></div>			
<b>PURPOSE OF EXPENDITURE</b>		Category (See Categories listed at the top of this schedule) <i>Advertising Expense</i>		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <i>reimbursement for banner ads</i>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought      Office held	

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**SCHEDULE F1**

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel In District  
Travel Out Of District  
Other (enter a category not listed above)

Office held

Revised 9/8/2015